IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	04/15/2006			CHECKWRITE SUMMARY REPORT CKWRITE DATE: 04/18/2006				-
	,			FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	4262	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BÜDGET				
		8599	342	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		4660	4708	48
				BENEFIT PACKAGE.				
		191	24	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	8505	5916	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DS LME			N- 202021				
		21	1484	DUPLICATE OF CLAIM-SYSTEM				
			1404	SOLUTION OF CHAIN STOTES		7620	9572	1952
		8800	202	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404910	PATHWAYS	8505	1349	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		9900	217	DIDMIED DECECTIVE NECESSARY				
		8800	217	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	1668	5907	4237
				FUTURE RA'S.				
		8599	35	DETAIL NOT COVERED BY COMBINAT		ļ		
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8505	1344	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	23	1386	1593	207
				IVICED IN LINE.				
		8800	0	FURTHER PROCESSING NECESSARY,				
		0000	,	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404913	MECKLENBURG COM	11	15153	CLIENT NOT ELIGIBLE ON SERVICE				-
	ENTAL HEALT			DATE				
		21	5223	DUPLICATE OF CLAIM-SYSTEM	3742	28846	35850	7004
		8933	2498	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA	79	200	THIS SERVICE IS NOT PAYABLE TO				
	VIORAL HEAL			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	38	DETAIL NOT COVERED BY COMBINAT		282	1673	1391
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	17	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CPMBED DOTAIN HIM:	8505	3974	CLAIM DENIED DUE TO INSUFFICIE				
/	CENTERPOINT HUM AN SERVICES		-217	NT BUDGET				
		79	736	THIS SERVICE IS NOT PAYABLE TO	217	5513	8003	2490
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				AND OFFICIALTY IN		-		
		8599	412	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0					
		·			0	0		-

	1	1					TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	21	233	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8599	179	DETAIL NOT COVERED BY COMBINAT				
		8599	179	ION OF RECIPIENT, PROVIDER AND	50	502	10827	10325
	 			BENEFIT PACKAGE.				
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE				
	ļ			RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8599	580	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	278	DUPLICATE OF CLAIM-SYSTEM	22	1101	5895	4700
						1193	3893	4702
		10	94	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C	8505	1810	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
	-	-						
		8800	1578	FURTHER PROCESSING NECESSARY,	36	3632	4612	980
				PLEASE CHECK FOR CLAIM ON	36	3032	4012	360
				FUTURE RA'S.				
		8599	66	DEMATE NOW COURDED BY COURTER				
		0333	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	i							
3404922	THE DURHAM CENT	8505	4545	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
ļ		-	-					
		8800	89	FURTHER PROCESSING NECESSARY,	2	4753	5124	371
				PLEASE CHECK FOR CLAIM ON		4,55	3224	371
				FUTURE RA'S.				
		2222		OTATA DENIED AMMENDATIO DEGLETO				
		8329	58	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
				THE LMA				
3404923	FIVE COUNTY MH	8599	91	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	ļ			BENEFIT PACKAGE.				
		537	41	PROCEDURE IS NOT COVERED FOR T	1	202	2872	2670
				HIS DATE OF SERVICE				
		8534	20	SERVICE FACILITY LOCATION IS N				
		0334	20	OT A VALID IPRS ATTENDING				
	 			PROVIDER. PLEASE VERIFY THE F				
	· · · · · · · · · · · · · · · · · · ·							
3404925	SANDHILLS CENTE	8505	1559	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			N1 202021				
		8800	224	FURTHER PROCESSING NECESSARY,	31	2593	6231	3638
				PLEASE CHECK FOR CLAIM ON				
		-		FUTURE RA'S.				
		120	193	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404926		8500	141	DETAIL NOT COVERED BY COMBINAT				
3404926	SOUTHEASTERN RE	8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	O MENIAL BL			BENEFIT PACKAGE.				
		8533	22	SERVICE FACILITY LOCATION CANN	2	207	5018	4811
				OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
	 	-	-	ADDRESS AND AN INDIVIDUAL.				
	 	5404	10	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
2404027		9505	710	CINIM DENIED NIE SO INCURRINGE				
3404927	CUMBERLAND CO M	8505	719	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HC .	 	<u> </u>					
		8518	76	CLAIM DENIED, SUBMITTED BEYOND	7	987	1534	547
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
	<u> </u>	-	-	FISCAL IEAK DUS (JULI 1 - JUNE				
		1	69	FURTHER PROCESSING NECESSARY,				
		8800						
		8800		PLEASE CHECK FOR CLAIM ON				
		8800		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
2404000		8800		FUTURE RA'S.				
3404929	LEE HARNETT MH/	0	0					
3404929	LEE HARNETT MH/	8800	0	FUTURE RA'S.				
3404929		0	0	FUTURE RA'S.				
3404929		0	0	FUTURE RA'S.	0	0	0	0
3404929		0	0	FUTURE RA'S.	0	0	0	0

	1						TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8505	190	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	203	221	18
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
	1		-	RVICES IN IPRS.				
	1							
3404931	WAKE CO HUM SVC	8505	130	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
	<u> </u>	191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		155	373	218
		8534	5	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT	8599	96	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
	+	 		BENEFIT PACKAGE.				
		191	57	CLIENT ID NUMBER DOES NOT MATC	3	208	2970	2762
		 		H PATIENT NAME				
		21	27	DUPLICATE OF CLAIM-SYSTEM				
	 	+				<u> </u>		
2404021		11	E10	CITEME NOR ELICIDIE ON CRESSOR				
3404934	ONSLOW CARTERET BEHAV HEAL	11	519	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	343	CLAIM DENIED DUE TO INSUFFICIE	-	1519	2044	525
				NT BUDGET		1317	2044	323
		79	209	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		-		PROVIDER TIPE AND SPECIALIT IN				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0		. 0
3404936	WILSON-GREENE M	8505	1261	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT							
		8536	5	ATTENDING PROVIDER TYPE AND SP				
	 	0330	,	ECIALTY COMBINATION IS NOT	0	1275	1277	2
				VALID FOR SUBMITTED BILLING PR				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	<u> </u>			BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH MNTL HLTH C	21	31	DUPLICATE OF CLAIM-SYSTEM				
	President C							
		8518	17	CLAIM DENIED, SUBMITTED BEYOND			200	25.00
	 	1.2		FILING TIMELIMIT. PRIOR		57	2601	2544
				FISCAL YEAR DOS (JULY 1 - JUNE				
	 	191	6	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
		-						
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0					0
3404939		0 8505	0	CLAIM DENIED DUE TO INSUFFICIE		0		0
3404939	NEUSE MENTAL HE ALTH CENTER			CLAIM DENIED DUE TO INSUFFICIE NY BUDGET	0	0	0	
3404939	NEUSE MENTAL HE				0	0	0	0
3404939	NEUSE MENTAL HE			NT BUDGET PROCEDURE IS NOT COVERED FOR T	0	174	386	
3404939	NEUSE MENTAL HE	8505	142	NT BUDGET	0			
3404939	NEUSE MENTAL HE	537	142	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0			
3404939	NEUSE MENTAL HE	8505	142	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE THIS SERVICE IS NOT PAYABLE TO	0			
3404939	NEUSE MENTAL HE	537	142	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0			
	NEUSE MENTAL HE ALTH CENTER	8505 537 79	13	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0			
3404939	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	537	142	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS MATE OF SERVICE THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0			
	NEUSE MENTAL HE ALTH CENTER	8505 537 79	13	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SECCIALTY IN CLAIM DEBIED ATTENDING PROVIDE	0			
	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	8505 537 79	13 13 1162	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER THE ABO SPECIALTY IN CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	174	386	212
	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	8505 537 79	13	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLAIM DENIED ATTENDING PROVIDE R CANNOT RE THE SAME AS THE LAG DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0			
	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	8505 537 79	13 13 1162	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS CATE OF SERVICE THIS SERVICE IS NOT FAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT	0	174	386	212
	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	8505 537 79	13 13 1162	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLAIM DENIED ATTENDING PROVIDE R CANNOT RE THE SAME AS THE LAG DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	174	386	212
	NEUSE MENTAL HE ALTH CENTER PITT CO MB/DD/S	8505 537 79 8329	142 13 13 13 1162	NT BUDGET PROCEDURE IS NOT COVERED FOR T HIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LAS DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENNETT FACKAGE.	0	174	386	212

							<u> </u>	
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS	CLAIMS
HOHELIK	PROVIDER NAME	2020	DUNTALD	DESCRIPTION .	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8599	7	DETAIL NOT COVERED BY COMBINAT			· · · · · · · · · · · · · · · · · · ·	
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND			h	
	UNAN SERVIC			BENEFIT PACKAGE.				
		5404	7	SEVERE DUPLICATE: SAME ATTD PR	5	26	604	578
				OV/PCODE/TOS/DOS/MOD		- 20		370
			· · · · · · · · · · · · · · · · · · ·					
		21	3	DUPLICATE OF CLAIM-SYSTEM				
		1						
3404943	ALBEMARLE MENTA	8599	20	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
	I IIIIII CI			BENEFIT PACKAGE.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	20	68	1185	1117
						- 00	1100	
			 					
			 					-
	 	8931	12	AMTNC INELIGIBLE TO RECEIVE SE			l	
l		<u> </u>		RVICES IN IPRS.				
	l							-
	l							-
3404944	EASTPOINTE HUMA	8536	313	ATTENDING PROVIDER TYPE AND SP				
l -	N SERVICES	<u> </u>		ECIALTY COMBINATION IS NOT				
	N SERVICES			VALID FOR SUBMITTED BILLING PR			l	-
 	ļ							
l		21	207	DUPLICATE OF CLAIM-SYSTEM		843	994	151
					0	843	994	151
ļ			-					
			-					-
		79	200	THIS SERVICE IS NOT PAYABLE TO				
ļ	 			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				<u> </u>
	 			AND AND SECURDIT IN		<u> </u>		-
3404946	L	21	2248	DUPLICATE OF CLAIM-SYSTEM				
	FOOTHILLS AREAM		4 D	DOLLICATE OF CHAIR-DIDIES				
ļ	ENTAL HEALT							-
								
		9500	212	DETAIL NOT COVERED BY COMBINAT				
		8599	313	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	27	2997	10083	7086
			-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
			-	BENEFIT PACKAGE.				
		2000	100	NO DAME AND VALUE ON DAVID SO D				
		8000	188	NO RATE AVAILABLE ON FILE TO P			<u> </u>	
				RICE THIS CLAIM DETAIL				
3404957		0510	117	OTATA DENTED OURAGERS DENIONS			ļ	
3404957	TIDELAND MENTAL	8518	117	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	HEALTH CTR			FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL TEAR DOS (JULY 1 - JUNE			ļ	
		9900	E1	DIDENIED DROCECTIC MECECONO				
		8800	51	FURTHER PROCESSING NECESSARY,	15	240	538	298
				PLEASE CHECK FOR CLAIM ON			ļ	
	ļ			FUTURE RA'S.				
	ļ	loror	105	CLAIM DENIED DUE TO INSUFFICIE				
	ļ	8505	25					
	ļ			NT BUDGET				
	ļ							
3404979	NEW RIVER AREAM	8505	1269	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	99	FURTHER PROCESSING NECESSARY,	64	1598	3989	2391
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	86	DETAIL NOT COVERED BY COMBINAT				
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				